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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	08/947,668
Filing Date	10/09/1997
First Named Inventor	Tracy C. Slemker
Group Art Unit	3738
Examiner Name	David H. Willse
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT E. ARBOCAST, PRES.
Signature	Robert E. Arbogast
Date	MARCH 7, 2003

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	08/947,668
Filing Date	10/09/1997
First Named Inventor	Tracy C. Slemker
Title	VALVE ASSEMBLY FOR A PROSTHETIC LIMB
Group Art Unit	3738
Examiner Name	David H. Willse
Attorney Docket Number	OHI 1717-004

I hereby appoint:

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Name	Registration Number

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SIGNATURE of Applicant or Assignee of Record

Name

ROBERT E. ARBOCAST, PRES.

Signature

Robert E. Arbocast

Date

MARCH 7, 2003

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	08/947,668	
	Filing Date	10/09/1997	
	First Named Inventor	Tracy C. Slemker	
	Group Art Unit	3738	
	Examiner Name	David H. Willse	
Total Number of Pages in This Submission	3	Attorney Docket Number	OHI 1717-004

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney or Authorization of Agent and Power of Attorney or Authorization of Agent
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric M. Gayan
Signature	
Date	March 10, 2003

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner, for Patents, Washington, D.C. 20231 on this date: March 10, 2003	
Typed or printed name	Sheri L. Burke, Paralegal
Signature	Date March 10, 2003

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